

(Signature of Lobbyist)

Lisa K. Shapiro, Ph.D. (Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(Date)

PLEASE PRINT

I. Name of Lobbyist(s):	Lisa K. Shapiro, Ph.D.; Paul A. V	Vorsowicz	DEPARTMENT OF
II. Name of Lobbyist's part	nership, firm or corporation, if any:		
	GALLAGHER, CALLAHAN of 214 North Main Street, Co		
603-228-1181	603-226-3334		
(Telephone)	(Fax)	(Em	ail)
	(Choose one – file separate reports for ons which are not attributable to any		separate report for
All reportable transact	ions occurring in the month prior to the	reporting date relative to the follo	owing client.
	PLANNED PARENTHOOD OF NO	THERN NEW ENGLAND	
(Fu	Il Name of Client as it appears on the Lo		
All reportable transact unrelated to any partic	tions by the lobbyist (including the lobby	ist's family), or the lobbying firn	n listed below which are
IV. Date of Report:	April 25, 2018 🔲	July 25, 2018 🗀] .
Reports cover: activity f	from date of registration to 3/31/18	activity from 4/1/18 to 6/3	0/18
(October 31, 2018 🗵	January 30, 2019	
	y from 7/1/18 to 9/30/18	activity from 10/1/18 to 12	
V. There have been no fees a lf this box is checked, comple Concord, NH 03301.	received and no reportable transaction te just this form and submit it to the Secr	is made since the last report. etary of State's Office, State Hou	se. Room 204,
VI. Check if additional rep If you have received f	orts are attached: ees or made expenditures, you must file	Addendum A – Fees and Expens	ses
Expense Reimbursem	onorarium or reimbursed expenses, you nent		
If you, your firm, or y	our family has made political contribution	ns, you must file Addendum C	- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- to the best of my knowledge a	B and RSA 664 and hereby swear or affi	rm that the foregoing information	n is true and complete
////> -	=	10-22-18	



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz						
II. Name of lobbyist's partnership, firm or corporation, if any:						
GALLAGHER, CALLAHAN & GARTRELL, P.C.						
(Name of partnership, firm or corporation)						
III. Name of Client PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND	Date -	October 3	1, 2018			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the lobbying, including fees for services such as public advocacy, government relatincluding research, monitoring legislation, and related legal work. The gross feeby any expenses:	tions, or p	public relatio	ns services,			
a) Total of all fees received in this reporting period		a) \$	1,000.00			
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)		b) \$ 	15,500.00			
c) Total of all fees received to date. (Add lines a and b)		c) \$ 	16,500.00			
d) Indicate the amount of any such fees that are due, but have not yet been paid.		d) \$	3,000.00			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each clilobyist(s)/firm that are unrelated to any one client a separate report may be fare to be reported in one of three categories of expenses: (a) the aggregat reporting period for salaries, benefits, support staff, and office expenses; (because where the expenditure was of \$25.00 or less (for example: meals put the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 the purchase of a ceremonial object given to a person being lobbied with a value statement of each individual expenditure made during this reporting period of covered by (a) (for example: purchase of a meal with value of greater than \$25 given to the subject of lobbying with a value greater than \$25, but not great legislative reception). Expenses for honorariums, expense reimbursement, or on separate addendums and should not be reported on Addendum A.	ent and i filed for the te total of the agourchased that is give of \$25.00 greater the 5, purchase ter than	f expenditure the lobbyist(s f all expense gregate total during a bus en to the pers 0 or less); an nan \$25.00 fo se of a ceren \$50, restaura	es are made by the sylfirm. Expenses is paid during the of all individual iness lunch where ion being lobbied in d (c) an itemized or any purpose not nonial object to be not expenses for a			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ b) \$		1,500.00			
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	c) \$.00			
c) Total of all itemized expenditures reported in detail in section VI.		<u> </u>	.00			

Client: PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND d) Total expenses for this reporting period. (Add lines a, b and c.) d) \$ 1,500.00 e) Total of expenses paid this calendar year, prior to this reporting period. e) \$ ____ 13,000.00 (This should be the amount on line f of addendum A for last month's report.) f) Total of all expenses year to date. 14,500.00 VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Amount Paid to: Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist)

Lobbyist Fees & Expenses, Addendum A - Page 2

Lisa K. Shapiro, Ph.D. (Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

	ffirmation by Lobbyist ne and Expenses for:					
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.						
Name of Client (leav particular client):		or the partnership, firm, or co	rporation and not related to any			
Date of Report (che	ck one):					
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018 🔀	January 30, 2019 □			
		e Statement of Income and Enternent (insert the number of	xpenses described above, and the f Addendum forms being			
1 Addendum A(s	s).					
0 Addendum B(s	s).					
0 Addendum C(s	s).					
•	firm that the foregoing into of my knowledge and be		nd each Addendum is true and			
Saul C	2 Worsowy	, 	10-18-18			
			(Date)			
Paul A. Worsowicz (Print Name of lob)						
(TIME NAME OF 100)	uyiai <i>j</i>					